

solution lies in careful research planning, not in altering the lexicon. In a well designed study the investigator chooses a problem of indisputable consequence, formulates a crucial yet testable hypothesis<sup>1</sup> and then, using a power table<sup>2</sup> that takes into account the variability of the outcome measure, selects a sample size that ensures that only important differences will be statistically significant.

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## References

1. Popper KR: *Conjectures and Refutations: the Growth of Scientific Knowledge*, 4th ed, Routledge & Kegan, London, 1972
2. Cohen J: *Statistical Power Analysis for the Behavioral Sciences*, Acad Pr, New York, 1977

*[I don't know if it has withstood attempts at falsification, but anyone planning research should contemplate the authors' syllogism that "in a well designed study . . . only important differences will be statistically significant". Its obverse may also be true — that a study is not well designed if it finds unimportant differences to be statistically significant.—Ed.]*

## Is there a future for homeopathy?

Thank you for the timely and well written article on homeopathy (*Can Med Assoc J* 1985; 132: 840-849), which was informative and more or less accurate.

Unfortunately the quoted views of Jouanny seem not at all in accord with the ideas of Samuel Hahnemann, the progenitor of homeopathy, or with those of James Tyler Kent, the greatest American homeopath. Kent did not emphasize psychotherapy as such, and although he did use remedies sparingly, one at a time and with close monitoring, such a practice is surely integral to the

careful prescribing of any medicine.

Homeopathy did not "die" in America as a result of this meticulousness or of disregard for matter. Moreover, modern homeopaths are not "frozen" despite the vicissitudes of current practice. Jouanny is correct in asking for valid clinical proof; we will see where it comes from.

The "aggressive" French approach to treatment, with multiple remedies, is anathema to at least some of the few remaining North American prescribers and is well known to make truly curative treatment by homeopathy more difficult. It is not holistic, has nothing to do with treating matter versus spirit and implies a lack of comprehension of the nature and essential principle of homeopathy, which is to treat the totality of symptoms with a single remedy.<sup>1</sup>

Homeopathy does work, and it does have a future; this future depends on the integrity of the few remaining prescribers. To quote George Vithoulkas,<sup>2</sup> the world's foremost practitioner and teacher of homeopathy:

The people of today . . . are not concerned with empty speculations. One can say that contemporary people are demanding a way to regain their lost psychosomatic equilibrium in order to face the challenges that technological civilisation has imposed upon them. It is my belief and experience that homeopathy can effectively help ailing humanity in this endeavour.

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## References

1. Hahnemann S: *Organon of Medicine*, Tarcher, Los Angeles, 1976
2. Vithoulkas G: *Science of Homoeopathy*, Grove, New York, 1980: xvii

I think *CMAJ* exercised poor judgement in publishing the article on homeopathy, thereby giving the practice an undeserved aura of credibility. Homeopathy is nothing but a discredited form of quackery without any scientific merit.

Abraham Lincoln summed this up best after considering an application for listing homeopathic medicines in

the United States Army dispensary. He said: "The application is dismissed. You cannot fertilize with flatus."

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The article by Korcok was an excellent explanation of the status and philosophy of homeopathy. Whether they agree or disagree with the thrust of alternative health care workers, physicians must be knowledgeable about these groups. Positions taken from ignorance will not enhance physicians' image with their patients or the general public.

Nonjudgemental, factual overviews need to be provided so our colleagues can make their own decisions and take reasonable and supportable positions on the various alternatives. In these explanations value-laden words should be avoided. Korcok's article fulfilled this function admirably. I hope it is the first of a series of articles on such groups. Informed opinion is the foundation of our credibility as a profession.

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## Diuretic-induced hypokalemia in hypertension

The issue of potassium depletion as a consequence of diuretic therapy in hypertensive patients has become a matter of ongoing debate.<sup>1,2</sup> A recent paper by Kaplan and colleagues<sup>3</sup> and the accompanying editorial<sup>4</sup> continue this "competitive dialogue" about the value of potassium replacement.

In their study Drs. Larochelle and Logan (*Can Med Assoc J* 1985; 132: 801-805) approach the problem differently by comparing the potassium-sparing effects of the combination of hydrochlorothiazide-amiloride with those of hydrochlorothiazide alone. The adverse effects reported in the patients with